



## **HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY NEIGHBORHOOD IMPROVEMENT PROGRAM (NIP) APPLICATION**

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The Neighborhood Improvement Program (NIP) was created to assist homeowners with funding for façade improvements to their residence within the Hallandale Beach Community Redevelopment Agency (HBCRA) district. In addition, CRA plan 2013 Priority E-Affordable Workforce Housing was developed to establish, manage and make funding available for the substantial renovation and rehabilitation of existing affordable units, façade upgrades, driveways, landscape improvements, roofing, drainage, architectural assistance, infrastructure improvements and life safety issues.

### **Program**

The primary objective of the *Neighborhood Improvement Program* (NIP) is to encourage rehabilitation and preservation of residential properties by offering financial assistance for exterior rehabilitation. The goal is to maintain and preserve beautification efforts provided by the City of Hallandale Beach in partnership with the Hallandale Beach Community Redevelopment Agency. It is hoped that in addition to preserving the residential facades, the program will provide an incentive for complete **rehabilitation** of homes.

NIP works in direct relation to locations where the City and CRA will also be completing street, sidewalk, and drainage improvements.

### **Eligibility**

Residential homeowners of single family homes, duplex, and non-owner occupied properties that are located within the CRA boundaries.

### **Eligible Properties**

To be eligible for funding assistance, the property must be located within the Hallandale Beach Community Redevelopment Agency district. The CRA area is bound to the north by Pembroke Road, to the south by the Dade-Broward County line, to the West by Interstate 95 and to the East by NE 14 Avenue and the 14<sup>th</sup> Avenue canal.

### **Eligible Activities**

- ☐ Roof Repair or Replacement
- ☐ Parking
- ☐ Public Sidewalk Repair or Replacement
- ☐ Swale regarding (reconforming)
- ☐ Door(s) Replacement or Repair
- ☐ Landscaping Installation or Maintenance
- ☐ Termite removal
- ☐ Painting
- ☐ Other Exterior Code Deficiencies or Necessary Improvements
- ☐ Storm Shutters/Impact Windows
- ☐ Seawall repair
- ☐ Emergency Efficient Air Conditioner
- ☐ Passive Solar Water Heating-Electric-Gas back-up
- ☐ Recommendations from CPTED study completed on property

Emergency interior repairs may also be covered in this program, with priority given to the following life and safety issues.

1. Removal of lead-based paint, asbestos or mold hazards
2. Removal of home barriers to the disabled and elderly
3. The elimination of specific conditions detrimental to public health and safety which have been identified by Code Compliance, Building Division or Building Inspector.

### **Loan Terms and Conditions**

The loan amount will not be more than 50% of the assessed value of the property. If the property is sold or transferred the loan must be repaid at 100% with an annual interest rate of 6%.

Payback Requirements are as follows:

<b>INCOME</b>	<b>LOAN FORGIVENESS</b>
50% and below	100% Forgiven
51%-79%	40% Forgiven
80%-119%	20% Forgiven
120% and above	0% Forgiven

Full repayment for non-owner occupied properties.

### Covenant Restrictions:

1. Owners with income above the 50% medium income level must reside in the property for at least two years to take advantage of the loan forgiveness listed above. If the property is sold or conveyed in this period the owner is in default and the default terms below applies.
2. Owners with income at or below the 50% median income level must reside in the property for at least five years to receive the 100% forgiveness. If the property is sold or transferred within the five year period, the loan must be repaid as follows:
  - a. If the property is sold or transferred within the first Three Years – 100% of the loan amount plus 6% annual interest must be repaid.
  - b. If the property is sold or transferred within Four Years – 75 % of the loan without interest must be repaid.
  - c. If the property is sold or transferred within Five Years – 50 % of the loan without interest must be repaid.

### Conditions of Subordination:

1. The HBCRA will not subordinate the NIP loan balance after five years from the date of the mortgage. The loan balance must be paid in full to the CRA.
2. The new mortgage amount together with the CRA's lien, plus the total of any outstanding balance against the property must not exceed 80% of the appraised value (at the discretion of the Executive Director or designee).
3. The CRA will only subordinate to a second position.
4. The CRA will not agree to subordinate to any future advances and/or cash out financing.

### **Fees**

Single Family Home - \$150.00 Application Fee (Non-Refundable)

Multiple (2+Units) - \$300.00 Application Fee (Non-Refundable)

*\*Other fees (such as title reports, or extensive inspections) are dependent on the program and can be included as part of the awarded assistance amount.*

## **Description of Assistance**

Amount of award are as follows:

1. Single-Family and other residential uses consisting of no more than five (4) dwelling units: \$20,000-\$30,000
2. Multi-Family consisting of six (5) or more dwelling units: \$30,000-\$50,000
3. Loan will not be more than 50% of the assessed value of the property.

Applications will be considered for assistance on a first-come, first-ready, first-served basis, based on funding availability.

Funding requests will not be considered until all required documentation is submitted to the CRA.

Application packets (Appendix B) must include the following documentation:

- ☐ List of Code Violations (if applicable)
- ☐ Property Deed
- ☐ Most recent Property Tax Bill from Broward County
- ☐ Homeowner Insurance, Windstorm Insurance
- ☐ Flood Insurance (if in designated flood zone)
- ☐ Most recent mortgage statement showing current balance (if applicable)
- ☐ Copies of complete 1040 tax returns with corresponding W-2's (for the last 2 years)
- ☐ Current pay stubs (for the last 3 months)
- ☐ Employment verification form
- ☐ Credit Report (no older than 90 days)
- ☐ Recent bank statements for checking and/or savings account (for the last 3 months)
- ☐ Statements for Social Security, Pension Distribution, or Disability (if applicable)
- ☐ Contractor estimated price proposals for all work to be completed.

Applications can be returned to the CRA Office at any time. No appointment is necessary. Once received, the application will be reviewed within 30 days to determine eligibility and written notification will be sent to the applicant within the 30 day timeframe. The CRA will not accept incomplete applications.

**City of Hallandale Beach CRA  
400 South Federal Hwy, Rm 204  
Hallandale Beach, FL 33009  
CRA Specialist – Lovern Parks  
954-457-1422**

**APPLICATIONS SHALL BE APPROVED SUBJECT TO AVAILABLE FUNDING.**

**Type of Improvement(s):**

List improvements that you want to make with the proceeds of this loan and their estimated costs:

**IMPROVEMENT:**

**ESTIMATE:**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Approximate amount of assistance you are applying for: \$ \_\_\_\_\_

How did you hear about our program?

☐

Internet

☐

Hallandale Happenings

☐

Comcast

☐

Other Forum

## Neighborhood Improvement Program Application (NIP)

400 South Federal Highway, Room 204 Hallandale Beach, Florida 33009  
(954) 457-1422 or (954)-457-2228

### Applicant:

Name: \_\_\_\_\_

### Property Address:

**Hallandale Beach, FL 33009**

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Monthly Mortgage \$ \_\_\_\_\_ Living at this address since: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ Male ☐ Female Household Size: \_\_\_\_\_

Marital status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Unmarried (single, divorced, widow)

Please check one: \_\_\_ White \_\_\_ Black \_\_\_ American Indian \_\_\_ Hispanic \_\_\_ Asian (Pacific Islander) \_\_\_ Other

### Employer #1 (All employment must be listed below):

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person for Income Verification: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

Monthly income: \_\_\_\_\_ Bonus: \_\_\_\_\_ Overtime: \_\_\_\_\_

Alimony/Child support: \_\_\_\_\_ SS/Disability/Pension \_\_\_\_\_ Other (explain): \_\_\_\_\_

### Employer #2 (If applicable):

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person for Income Verification: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Bonus: \_\_\_\_\_ Overtime: \_\_\_\_\_

**APPLICANT'S TOTAL MONTHLY INCOME: \$** \_\_\_\_\_

## Co-Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Monthly Mortgage \$ \_\_\_\_\_ Living at this address since: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ Male ☐ Female

Marital status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Unmarried (single, divorced, widow)

Please check one: \_\_\_ White \_\_\_ Black \_\_\_ American Indian \_\_\_ Hispanic \_\_\_ Asian (Pacific Islander) \_\_\_ Other

### Employer #1 (All employment must be listed below)

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person for Income Verification: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

Gross Monthly income: \_\_\_\_\_ Bonus: \_\_\_\_\_ Overtime: \_\_\_\_\_

Alimony/Child support: \_\_\_\_\_ SS/Disability/Pension \_\_\_\_\_ Other (explain): \_\_\_\_\_

### Employer #2 (If applicable)

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Person for Income Verification: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

Gross Monthly income: \_\_\_\_\_ Bonus: \_\_\_\_\_ Overtime: \_\_\_\_\_

Alimony/Child support: \_\_\_\_\_ SS/Disability/Pension \_\_\_\_\_ Other (explain): \_\_\_\_\_

CO-APPLICANT'S TOTAL MONTHLY INCOME: \$ \_\_\_\_\_

<b>TOTAL HOUSEHOLD GROSS MONTHLY INCOME \$</b> _____
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ALL OTHER HOUSEHOLD MEMBERS (Do not include Applicant and Co-Applicant listed on Page 1)

Name	Date of Birth	Relationship	Gross Annual Income

**ASSETS** (For Applicant, Co-Applicant and Other)

Bank accounts: Checking, Savings, Retirement, Certificates of Deposit, etc. Use additional pages if needed.

**BALANCES**

Type of account	Bank/Institution	Applicant	Co-Applicant	Other	TOTAL
Checking					
Savings					
Retirement					
Stocks					
Bonds					
Mutual Funds					
Other					
Vehicles, Boats					

**TOTAL ASSETS \$\$** \_\_\_\_\_

**LIABILITIES** (For applicant, co-applicant, other)

Installment (Bank) loans, Auto loans, Credit cards, Student loans, Hospital bills, and other debt. Include child support and alimony payments. (*Rent, Utilities & cable should not be included*) Place amount under proper person.

Bank or Creditor	Applicant	Co-Applicant	Monthly Payment	Balance Due

**TOTAL DEBTS:** \$ \_\_\_\_\_ \$ \_\_\_\_\_



**HALLANDALE BEACH COMMUNITY REDEVELOPMENT AGENCY**  
**400 S. Federal Highway, Room 204, Hallandale Beach, FL 33009**  
**REQUEST FOR VERIFICATION OF INCOME**

**A. APPLICANT'S NAME, ADDRESS & PHONE**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. EMPLOYER'S NAME, ADDRESS & PHONE #**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

**NOTICE TO EMPLOYER**

The applicant identified in Section A. has applied for Hallandale Beach CRA's Neighborhood Improvement Program. The applicant has authorized the HBCRA in writing to obtain verification of employment income and is confidential. Please furnish the information requested below and return this form via mail to the address above or via fax to (954) 457-1342 Attn: CRA.

**EMPLOYER'S VERIFICATION**

1. Position Held: \_\_\_\_\_
2. Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_
3. Probability of Continued Employment \_\_\_\_\_

Rate of Pay (Estimated, if not actual).

Present Base Salary \$ \_\_\_\_\_  
\_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Other \_\_\_\_\_  
(List number of hours work per week)

Additional Compensation Received

\$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_ Commission \$ \_\_\_\_\_ Bonus

Anticipated earnings for next 12 months \_\_\_\_\_

If applicant is Military, given income on a monthly basis as follows:

\$ \_\_\_\_\_ Base Pay \$ \_\_\_\_\_ Flight or Hazard  
\$ \_\_\_\_\_ Duty Allowance \$ \_\_\_\_\_ Other Assistance

Has employment been terminated? \_\_\_\_ Yes \_\_\_\_ No [if yes, is the individual eligible for unemployment benefits? \_\_\_\_\_ (yes/no)]

**EMPLOYER'S CERTIFICATION**

The above information is furnished in strict confidence in response to the HBCRA's request.

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Title

**APPLICANT'S AUTHORIZATION**

I hereby authorize the release of the above requested information.

\_\_\_\_\_  
Signature of Applicant

**CERTIFICATIONS:**

Applicant (s) represent that all of the above statements are true and correct and hereby authorize verification of the above information, references and credit records.

I / we consent to the disclosure of such information for the purpose of income verification related to my / our application for housing assistance.

I / we understand that any willful misstatements will be grounds for disqualification.

I/we understand that verification of my income will be verified with the employer(s) listed above.

I / we understand that this program provides assistance for homeowners and I / we state that I / we are not currently in bankruptcy or have been in the last three (3) years prior to this date.

I/we agree to participate in the promotion of this program, and agree to be interviewed and accept pictures to be taken.

I/we understand that if assistance is provided and a residence is not constructed or if I/we cease to occupy the property as my/our principal residence or if I/we sell the property, then the total assistance provided will be due plus any penalties and interest applicable will be payable to the HBCRA.

I/we understand the terms of this program and sign acknowledging the following terms may apply to me:

I/we must remain in the home for at least five (5) years to avoid penalties and interest.

I/we will owe back to the HBCRA at time of sale, the loan balance amount, with any penalties and interest that may apply.

IN WITNESS WHEREOF, we have set our hands and seal this \_\_\_\_\_, 20\_\_\_\_\_.

WITNESSE:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name: Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name: Co-Applicant

\_\_\_\_\_  
Signature of Co-Applicant

STATE OF FLORIDA  
COUNTY OF BROWARD

On \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned authority, personally appeared \_\_\_\_\_ and \_\_\_\_\_ who are personally known to me or produced \_\_\_\_\_ as identification, and executed this application.

\_\_\_\_\_  
Notary Public